INSPECTOR COPY

Hubbard St

TEL. NO. 9-614002

TEL. NO.

LIC. CLASS PROCESSED BY

E.B. VALIDATION

> 2841.3A # 5 1 - - 1650 • • • 1650₽ 09.22-86

R Arroyo Hubbert

WORKERS' COMPENSATION DECLARATION I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.) Policy NoCompany	APPLICATION FOR PLUMBING PERMIT CE 817 (REV. 10/81) COUNTY OF LOS ANGELES BUILDING AND SAFETY								
Certified copy is hereby furnished.			BUILDING 4015 11.	1 / -					
Certified copy is filed with the county building inspec-		FOR APPLICANT TO FILL IN (PRINT	-	-		BUILDING 4813 HU	bborro		
tion department.	NUMBER	FIXTURE OR ITEM WATER CLOSET	@		EE	LOCALITY E. LOA			
DateApplicant						NEAREST FETTERI	1/		
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE		BATH TUB				PROPERTY OF THE PROPERTY OF TH	Arro		
(This section need not be completed if the work involved by the permit is for one hundred dollars (\$100) or less.) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.		SHOWER				SHULEK			
		LAVATORY				ADDRESS 4813 610	ubbb		
		SINK				CITY L.A.C	TE		
		DISHWASHER				CONTRACTOR	11		
Y Date 7 / SEApplicant) AUGA-REROYE	d	CLOTHES WASHER				ADDRESS QUI	The		
NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers'		SWIMMING POOL RECEPTOR				CITY	TC		
Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be		LAWN SPRINKLER SYSTEM				STATE	LIC		
deemed revoked.		WATER HEATER				LICENSE NO.	CL		
LICENSED CONTRACTORS DECLARATION I hereby affirm that I am licensed under provisions of Chapter 9	1	GAS SYSTEM OUTLETS		6	RO	DISTRICT NO.			
(commencing with Section 7000) of Division 3 of the Business	1	OUTLETS OVER		0		6			
and Professions Code, and my license is in full force and effect.		5 PER SYSTEM				FINAL 9-22-86	V		
License NumberLic. Class						1/			
Contractor Date						FINAL BY			
am exempt under Sec.									
B.&P.C. for this reason									
Date:	Plan check fee 10 50								
		PLUMBING PERMIT ISSUING FEE \$ 16 50							
Signature	TOTAL FEE								
		k applicant							
SINGLE FAMILY HOME OWNER-BUILDER DECLARATION I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and		Name JAUIER ATTONO							
		Address 4813 Hubbart St							
Professions Code):	City 1. A.C 90022 Tel. No. 2614002								
I, as owner of the property, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).		cash							
CONSTRUCTION LENDING AGENCY I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).			3.	50					
Lender's Name									
Lender's Address									
I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws regulating Plumbing, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.									

SEE REVERSE FOR EXPLANATORY LANGUAGE

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self

	or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)
	Policy NoCompany
	Certified copy is hereby furnished.
1	Certified copy is filed with the county building inspection department. Date 9 Applicant Applicant
	CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE
	(This section need not be completed if the work involved by the permit is for one hundred dollars (\$100) or less.)
	I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.
`	Date Applicant AVIEN AVIOUS NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.
	LICENSED CONTRACTORS DECLARATION I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.
	License NumberLic. Class
	ContractorDate
	I am exempt under Sec
	B.&P.C. for this reason
	Date:
	Signature
	OWNER-BUILDER DECLARATION I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):
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	I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code): I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section
	I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code): I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code). I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).
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ignature of Applicant or Agent

Date 1

APPLICATION FOR PERMIT

HEATING - VENTILATING - AIR CONDITIONING

76A364C CE - 818 (REV. 10/81)

COUNTY OF LOS ANGELES				BUIL	DING AN	JAPET			
FOR APPLICANT TO FILL IN (PRINT OR TYPE ONLY)					BUILDING 48	13 >	Herb	bard	
NO.	TYPE OF APPLIANCE OR I	EQUIPMENT	FEE		LOCALITY /	ZA			-
	ABSORPTION UNIT, BTU.				CROSS ST.	Fette	PROGESSE		
	AIR HANDLING UNIT, CF	FM			6	,	0	E.B.	
	BOILER, BTU				APPROVALS	C	PATE	INSPECTOR'S SIGNATUR	E
	COMPRESSOR, BTU				ROUGH	10	9 01		
	VENTILATION SYSTEM				FINAL	9-6	180	Br	
	EVAPORATIVE COOLER					VALIDATION			
		GRAVITY							
1	HEATER: SUSPENDE WALL		18	00					
-	- White		10						
			No.	1.79					
Plan	L check fee								
	PERMIT ISSUING FEE \$			50					
	and the same of the same	TOTAL FEE	20	50					
PLAN C	HECK APPLICANT			Atta					
NAME									
ADDRES	SS	· 表质的 100 ·							
CITY		TEL. NO.							
OWNER	SAULER	Aroyo						50004	1
CONTRACTOR								2809.41	
			140	200				# 0 0 0 0 0 0	
								1 • • 2051	
ADDRESS CITY TEL. NO. STATE LIC.								20,0	
CITY	or,	TEL. NO.			13.32.28			09.03-80	5
STATE		LIC. CLASS	The same						

SEE REVERSE FOR EXPLANATORY LANGUAGE